

**UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA**  
**TRANSCRIPT DESIGNATION AND ORDERING FORM**

*Please read instructions.*

1. NAME AUSA Cyndee L. Peterson			2. PHONE NUMBER 406-542-8851		3. DATE 7/06/18		
4. MAILING ADDRESS P.O. Box 8329			5. E-MAIL ADDRESS cyndee.peterson@usdoj.gov		6. CITY Missoula	7. STATE MT	
8. ZIP CODE 59807		9. JUDGE Morris		10. CASE NAME U.S. v. Kutzera			
11. U.S. DISTRICT COURT CASE NUMBER CR 17-48-GF-BMM				12. COURT OF APPEALS CASE NUMBER 18-30144			
13. ORDER FOR							
<input checked="" type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER - Specify							
14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.							
PORTIONS		DATE(S)	REPORTER	PORTIONS		DATE(S)	
Change of Plea				Closing Argument - Plaintiff			
Pre-trial Proceeding				Closing Argument - Defendant			
Voir Dire				Settlement Instructions			
Opening Statement - Plaintiff				Jury Instructions			
Opening Statement - Defendant				Sentencing		6/28/18	
Testimony - Specify Witness				Other - Specify		Heinze	
15. ORDER							
CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY	ADDITIONAL COPIES	FORMAT REQUESTED Each format is billed as a separate transcript copy.			
				Paper		Electronic Specify File Format	
30-Day	\$3.65/page <input type="checkbox"/>	\$ .90/ page <input checked="" type="checkbox"/>	\$ .60 page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index	PDF <input checked="" type="checkbox"/>
14-Day	\$4.25/page <input type="checkbox"/>	\$ .90/page <input type="checkbox"/>	\$ .60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index	PDF <input type="checkbox"/>
7- Day	\$4.85/ page <input type="checkbox"/>	\$ .90/ page <input type="checkbox"/>	\$ .60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index	PDF <input type="checkbox"/>
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$ .90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index	PDF <input type="checkbox"/>
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$ .90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index	PDF <input type="checkbox"/>
16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT							
<p align="center">E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.          If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing.          Financial arrangements must be made with the court reporter before transcript is prepared.</p>							
I certify that this form has been served on the court reporter this date: 7/06/18				Attorney signature: /s/ Cyndee L. Peterson			
Date order received by court reporter: _____				Expected transcript completion date: _____			